

## Montana Medicaid - Fee Schedule Targeted Case Management

### Definitions:

**Modifier** – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination  
For example:  
26 = professional component  
TC = technical component

**Description** – Procedure code description. You must refer to the appropriate official CPT-4 or HCPCS coding manual for complete definitions in order to assure correct coding.

**Effective** – This is the first date of service for which the listed fee is applicable.

**Method** – Source of fee determination

**Fee Sched:** Medicaid fee for listed code

**Medicare:** Medicare-prevailing fee for listed code. Laboratory services are paid at 60 or 62% of listed fee.

**By Report (BR):** Equals a percentage of billed charges; percentage depends on provider type and service/supply

**PA** – Prior Authorization

**Y:** Prior authorization is required

**Space:** Prior authorization is not required

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<b>Proc</b>	<b>Modifier</b>	<b>Description</b>	<b>Effective</b>	<b>Method</b>	<b>Fee</b>	<b>PA</b>
Z8025		DD TARGETED CASE MANAGEMENT SRS	1/1/1997	FEE SCHED	\$33.38	
Z8050		HRPW CASE MGMT SVCS PROVIDED BY SOCIAL WORKER (15 MIN UNIT)	1/1/1996	FEE SCHED	\$6.00	
Z8051		HRPW CASE MGMT SVCS PROVIDED BY A NURSE (15 MIN UNIT)	1/1/1996	FEE SCHED	\$6.00	
Z8052		HRPW CASE MGMT SVCS PROVIDED BY THE NUTRITIONIST(15 MIN UNIT	1/1/1996	FEE SCHED	\$6.00	
Z8053		TCM FOR FOLLOW ME CHILDREN/15 MIN INCREMENTS	1/1/1996	FEE SCHED	\$10.00	
Z8054		TCM FOR CHILDREN W/SPECIAL HEALTH CARE NEEDS/15 MIN INCREMEN	1/1/1996	FEE SCHED	\$10.00	
Z8055		TCM FOR CHILDREN AT RISK FOR ABUSE/NEGLECT/15 MIN INCREMENTS	1/1/1996	FEE SCHED	\$6.72	